

## ***Exhibit C***

**MetLife**

For Company use only:			
Branch/District and Agency Numbers <u>95L</u> , <u>818-1</u>			
Payment Direction (circle one):	Payee	Branch/District	Broker

**Individual Life Death Claim Form**

In order to process your claim as quickly as possible we need some information about you and the insured. Please submit the insurance policies, and an official certified copy of the death certificate with the claim form. Each claimant must submit his or her own claim form. Only one certified copy of the death certificate must be submitted.

**A. Insured Information**

Name BANG CHAO LIN Date of Death 8/6/1989  
8/11/2006

Please list all life insurance policy numbers on which you are filing claim

993001679 PR-R 204126416 ET

All policies listed below (except those where claim is being made under a Waiver of Premium rider) should be submitted with your claim.

If policies are not attached, please state why:

Address 38 DAISY, IRVINE, CA 92618  
Number Street Name Apt/Box # (if any) City State Zip

Marital Status: Single ☐ Married ☒ Widow/Widower ☐ Separated ☐ Divorced ☐

Date of Birth 8/6/1969 Place of Birth TAIWAN

Is Claim being made for Accidental Death Benefits? Yes ☐ No ☒ (If yes, please refer to the Additional Information on page 6.)

If you would like us to check for additional life insurance coverage with MetLife or with one of our affiliates listed below, please be sure to complete Section G of the claim form on page 4.

**B. Claimant Information**

Name JEAN LIN Date of Birth 5/19/1971 Sex: Male ☐ Female ☒

Social Security or Trust/Estate Identification Number or Social Security Number of any minor child: 128 1 64 1 5329

Phone Number (in case we need to contact you). Day (949) 551-6301 Evening ( )

Address 38 DAISY, IRVINE, CA  
Number Street Name Apt/Box # (if any) City State Zip

Your relationship to the insured. Husband/Wife ☒ Child ☐ Other ☐ (Explain)

E-mail Address (if available)

**C. Claimant Signature & Tax Certification**

Your Social Security or Trust/Estate Identification Number or Social Security Number of the minor child: 1 1

If you are claiming on behalf of a minor child, please provide the child's name, address, and telephone number

Under the penalties of perjury I certify:

1) That the number shown above is my correct taxpayer identification number; and 2) That I am not subject to backup withholding because: (a) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends; or (b) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or U.S. resident for tax purposes. \* (Please note: Cross out and initial item 2 if subject to backup withholding as a result of a failure to report all interest and dividend income. The Internal Revenue Service does not require your consent to any document other than the certifications to avoid backup withholding.)

\*If you are not a U.S. Citizen or a U.S. resident for tax purposes, please complete form W-8BEN.

Sign Here [Signature]  
Your Signature

9/19/06  
Date

Witness' Signature [Signature]

9/19/06  
Date

Print Witness' Name JUDY HUANG

17800 CASTLETON ST, #118, CITY OF INDUSTRY,  
Witness' Address CA 91748

First MetLife Investors Insurance Company  
General American Life Insurance Company  
MetLife Investors USA Insurance Company  
Metropolitan Life Insurance Company  
Metropolitan Tower Life Insurance Company  
New England Life Insurance Company  
MetLife Investors Insurance Company  
MetLife Investors Insurance Company of CA

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF ORANGE

## HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A  
SANTA ANA, CA 92701

CERTIFICATE OF DEATH

3 200530 010985

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Surname)	
Bang		Lin	
2. MIDDLE		4. DATE OF BIRTH (month/day/year)	
Chao		08/06/1969	
5. AGE Yrs		6. SEX	
37		M	
7. DATE OF DEATH (month/day/year)		8. HOUR (24 Hours)	
08/11/2006		1025	
9. BIRTH STATE ORIGIN COUNTRY		10. SOCIAL SECURITY NUMBER	
Taiwan		085-66-4606	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		Married	
13. EDUCATION - Highest Completed Grade (State Worksheet on back)		14. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
HS Graduate <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Chinese	
15. USUAL OCCUPATION - Type or work for most of life. DO NOT USE RETIRED		16. YEARS IN OCCUPATION	
Self-Employed		11	
17. TYPE OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		18. YEARS IN BUSINESS OR INDUSTRY	
Computers			
19. DECEDENT'S RESIDENCE (Street and number or location)			
38 Daisy			
20. CITY			
Irvine			
21. COUNTY/PROVINCE			
Orange			
22. ZIP CODE			
92618			
23. YEARS IN COUNTY			
9			
24. STATE/FOREIGN COUNTRY			
CA			
25. DECEASED'S NAME, RELATIONSHIP			
Jean Lin - Wife			
26. DECEASED'S NAME, RELATIONSHIP			
38 Daisy, Irvine, CA 92618			
27. NAME OF SURVIVING SPOUSE - FIRST			
Jean			
28. MIDDLE			
-			
29. LAST (Surname Name)			
Hsu			
30. NAME OF FATHER - FIRST			
Nai			
31. MIDDLE			
Yuh			
32. LAST			
Lin			
33. BIRTH STATE			
China			
34. NAME OF MOTHER - FIRST			
Mei			
35. MIDDLE			
Shiang			
36. LAST (Surname)			
Lin			
37. BIRTH STATE			
China			
38. DISPOSITION DATE (month/day/year)			
08/24/2006			
39. PLACE OF FINAL DISPOSITION			
Rose Hills Memorial Park, 3888 Workman Mill Rd., Whittier, CA 90601			
40. TYPE OF DISPOSITION			
BU			
41. NAME OF FUNERAL ESTABLISHMENT			
Universal Chung Wah Funeral Home			
42. SIGNATURE OF EMBALMER			
W. A. Prime			
43. LICENSE NUMBER			
5595			
44. SIGNATURE OF LOCAL REGISTRAR			
08/18/2006			
45. PLACE OF DEATH			
Hoag Memorial Hospital Presbyterian			
46. COUNTY			
Orange			
47. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)			
1 Hoag Drive			
48. CITY			
Newport Beach			
49. CAUSE OF DEATH			
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.			
IMMEDIATE CAUSE (if not damage or condition resulting in death)			
Respiratory Failure			
50. UNDERLYING CAUSE (if not damage or condition resulting in death)			
Pneumocystis Carinii Pneumonia			
51. CAUSE OF DEATH (if not damage or condition resulting in death)			
Stage IV Gastric Carcinoma			
52. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 49			
None			
53. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 49 OR 51? (If yes, list type of operation and date)			
Exploratory Laparotomy & G Tube Placement 04/10/2006			
54. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED			
55. SIGNATURE AND TITLE OF DECEASED			
M.D.			
56. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
Warren Fong, M.D.			
57. DATE			
08/11/2006			
58. PLACE OF INJURY (e.g., home, construction site, wooded areas, etc.)			
351 Hospital Road, Suite 305, Newport Beach, CA 92663			
59. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED			
60. INJURED AT WORK?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
61. INJURY DATE (month/day/year)			
12/22/2005			
62. HOUR (24 Hours)			
12			
63. PLACE OF INJURY (e.g., home, construction site, wooded areas, etc.)			
351 Hospital Road, Suite 305, Newport Beach, CA 92663			
64. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
65. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
351 Hospital Road, Suite 305, Newport Beach, CA 92663			
66. SIGNATURE OF CORONER / DEPUTY CORONER			
12/22/2005			
67. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
Hildy Meyers, M.D.			
68. STATE REGISTRAR			
A B C D E			
69. FAX AUTH. #			
23068			
70. CENSUS TRACT			

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF ORANGE

SS

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

Hildy Meyers, M.D.

HILDY MEYERS, M.D.  
INTERIM HEALTH OFFICER  
ORANGE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

ML LIN 00270